

CHILD CARE AND DEVELOPMENT STAFFING QUALIFICATIONS WAIVER REQUEST

SECTION 1 - APPLICANT INFORMATION			
Name	New request <input type="radio"/> Extension <input type="radio"/> (Complete only Sections 1, 4, and 7)		
Address	Applicant Agency		
City, State, ZIP	Cal-SAFE Program Coordinator		
Position held: Site Supervisor <input type="radio"/> Program Director <input type="radio"/>	Telephone ()		
SECTION 2 - EDUCATION (Submit transcripts for all college units earned.)		SECTION 3 - PERMITS/CREDENTIALS (Submit copies.)	
High school graduate or equivalent: Yes <input type="radio"/> No <input type="radio"/>	Children's Center Permit:		
College degree(s): Associate <input type="radio"/> Bachelor <input type="radio"/>	Emergency <input type="radio"/> Limited <input type="radio"/> Regular <input type="radio"/>		
Master <input type="radio"/> Doctorate <input type="radio"/>	Teacher <input type="radio"/> Master Teacher <input type="radio"/> Site Supervisor <input type="radio"/>		
Total units completed: _____	Expiration: ____/____/____ (Month/Year)		
Field of study: _____	Credential: Teaching <input type="radio"/> Administrative Services <input type="radio"/>		
	Type: _____ Expiration: _____		
	Other(Specify): _____		
SECTION 4 - EARLY CHILDHOOD EDUCATION/CHILD DEVELOPMENT (ECE/CD)			
Identify by title from your transcripts the course that meets each of these requirements to qualify for this waiver.			
Required ECE/CD courses	Course Title	Units	What is the total number of ECE/CD units earned to date?
Child growth and development OR human growth and development			<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> Semester <input type="radio"/> Quarter <input type="radio"/> Both <input type="radio"/>
Child and family OR child, family, and community			
Child care program OR curriculum development			
Child care administration/supervision OR staff relations			
SECTION 5 - EDUCATION PLAN (Attach a narrative)			
Describe your educational goal, and specify number of units of ECE/CD to be completed and the projected permit application date.			
SECTION 6 - ECE/CD UNITS			
ECE/CD units remaining: _____		Permit application date: ____/____/____ (Month/Year)	
SECTION 7 - CHILD CARE EXPERIENCE			Months Days
Identify the number of months and/or days in which you have three or more hours teaching in a child care center or group care program.			
How many days include the supervision of staff?			
Program director applicant only: Identify number of days you have served as a site supervisor.			
SECTION 8 - COMPELLING NEED (Attach a narrative description.)			
Site supervisor waiver is limited to either evidence of an unsuccessful recruitment effort; agency salaries are not competitive; or unavailability of reasonable access to training resources that offer the required course work. A program director waiver request must meet one of these criteria: demonstrate satisfactory educational progress in obtaining the permit; employment location prohibits completion of permit requirements; or a diligent recruitment effort failed to yield a qualified candidate.			
<div style="display: flex; justify-content: space-between;"> Applicant's signature _____ Date _____ </div>			